

REGISTRATION FORM SPRING 2011

STUDENT & FAMILY INFORMATION

Please use one Registration Form per student. Please print all information clearly.

Student's Name	_____	Gender	_____
Student's Age	_____	Birth Date	____/____/____
Street Address	_____		
City	_____	State	_____ Zip _____
Home Phone #	_____	Fax #	_____
Student's E-Mail	_____	Would you like to receive PGT e-mail updates? Yes No	
Parent 1 Name	_____	E-Mail	_____
Work #	_____	Cell #	_____
Company	_____	Occupation	_____
Parent 2 Name	_____	E-Mail	_____
Work #	_____	Cell #	_____
Company	_____	Occupation	_____

MAINSTAGE

MAINSTAGE SHOW	Program Title	Days and Times vary	Fee	SubTotal
By audition	<input type="checkbox"/> SPRING 2011 MAINSTAGE PROGRAM	Before Jan. 24	\$1250	
		After Jan. 24	\$1325	
	Discount (for each additional sibling after first) if applicable		-\$150	
TOTAL DUE (Enclose Full Amount or 50% Deposit with additional balance payable February 4, 2011)				
Audition appointment*	Preferred Audition Date (Tues. 2/1, Wed. 2/2, Thur. 2/3)			
	Preferred Audition Time (6-7pm, 7-8pm or 8-9pm)			

*We will try to accommodate your audition appointment preferences. An Audition Appointment Confirmation will specify the time and date of your audition

STUDIOSTAGE

STUDIOSTAGE SHOW	Program Title	Days	Times	Fee	SubTotal
No audition necessary	<input type="checkbox"/> TEEN CONSERVATORY (ages 14-17)	WED.	4-6pm	\$750	
	<input type="checkbox"/> YOUNG ACTORS' ENSEMBLE (ages 11-13)	TUES.	4-6pm		
	<input type="checkbox"/> PGT KIDS (ages 7-10)	MON.	4-6pm		
	<input type="checkbox"/> PGT KIDS (ages 7-10)	THUR.	4-6pm		
TOTAL DUE ENCLOSED (Full Amount due upon registration)					

CLASSES

CLASSES	Class Title	Day	Time	Fee	SubTotal
Core Classes and Little Theatre	1. _____	_____	_____	\$250	
	2. _____	_____	_____	\$175	
TOTAL DUE ENCLOSED (Full Amount due upon registration)					

PAYMENT OPTIONS

By submitting registration, you agree to PGT's program and payment policies. Review current policies at policy.playgroup.org

You may pay by check or complete credit card info below. Payment by check preferred. Please make checks payable to The Play Group Theatre.

Or circle one: MASTER CARD VISA AMEX (NOTE: the security code is on the rear of you MC or VISA and on the front of your AMEX)

I authorize the following charge to be made to my credit card. In addition, I authorize payment of any balance owed to be charged to the same card, on or after February 4, 2011.

Card Number _____

Exp. Date _____

Security Code _____

Signature _____

\$ Amount _____

PLEASE SEND THIS FORM, ALONG WITH YOUR PAYMENT TO:

FAX credit card orders to 914-946-1336

Play Group Theatre
One North Broadway, Suite 111
White Plains, NY 10601

For Office Use Only:

Date Rec'd _____
 Payment 1 _____
 Payment 2 _____
 QB _____ L _____
 CC _____ Conf _____